

TD F 90-22.1

(Rev March 2011)
Department of the TreasuryDo not use previous editions of
this formREPORT OF FOREIGN BANK
AND FINANCIAL ACCOUNTS

Do NOT file with your Federal Tax Return

Internal Revenue Service

LB&I-ITC Team

OCT 07 2014

Received
OVD

OMB No. 1545-2038

1 This Report is for Calendar
Year Ended 12/31

2010

Amended ☐

Part I Filer Information

2 Type of Filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or Other — Enter type _____

3 U.S. Taxpayer Identification Number

0937

4 Foreign identification (Complete only if item 3 is not applicable)

a Type: ☐ Passport ☐ Other _____

b Number _____

c Country of Issue _____

5 Individual's Date of Birth
MM/DD/YYYY

1932

If filer has no U.S. Identification
Number complete Item 4.

6 Last Name or Organization Name

REYES

7 First Name

JUAN D.

8 Middle Initial

9 Address (Number, Street, and Apartment or Suite Number)

72 DARTMOUTH STREET

10 City

FOREST HILLS

11 State

NY

12 ZIP/Postal Code

11375

13 Country

US

14 Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes

If "Yes" enter total number of accounts _____

(If "Yes" is checked, do not complete Part II or Part III, but retain records of this information)

☒ No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported

16 Type of account a ☐ Bank b ☐ Securities c ☐ Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City

21 State, if known

22 Zip/Postal Code, if known

23 Country

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

8. 2. 17

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

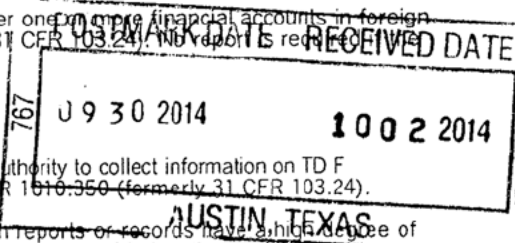
This form should be used to report a financial interest in, signature authority, or other authority over one or more financial accounts in foreign countries, as required by the Department of the Treasury Regulations 31 CFR 1010.350 (formerly 31 CFR 103.24). No report is required if the aggregate value of the accounts did not exceed \$10,000. See Instructions For Definitions.

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

Pursuant to the requirements of Public Law 93-579 (Privacy Act of 1974), notice is hereby given that the authority to collect information on TD F 90-22.1 in accordance with 5 USC 552a (e) is Public Law 91-508; 31 USC 5314; 5 USC 301; 31 CFR 1010.350 (formerly 31 CFR 103.24).

The principal purpose for collecting the information is to assure maintenance of reports where such reports or records have a high degree of usefulness in criminal, tax, or regulatory investigations or proceedings. The information collected may be provided to those officers and employees of any constituent unit of the Department of the Treasury who have a need for the records in the performance of their duties. The records may be referred to any other department or agency of the United States upon the request of the head of such department or agency for use in a criminal, tax, or regulatory investigation or proceeding. The information collected may also be provided to appropriate state, local, and foreign law enforcement and regulatory personnel in the performance of their official duties. Disclosure of this information is mandatory. Civil and criminal penalties, including in certain circumstances a fine of not more than \$500,000 and imprisonment of not more than five years, are provided for failure to file a report, supply information, and for filing a false or fraudulent report. Disclosure of the Social Security number is mandatory. The authority to collect is 31 CFR 1010.350 (formerly 31 CFR 103.24). The Social Security number will be used as a means to identify the individual who files the report.

The estimated average burden associated with this collection of information is 20 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Exhibit
V

Part II Continued – Information on Financial Account(s) Owned Separately

Form TD F 90-22.1

Complete a Separate Block for Each Account Owned Separately

Page Number

2 of 4

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year <u>2010</u>	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <div style="background-color: black; width: 100px; height: 1.2em; display: inline-block;"></div> <u>0937</u>	6 Last Name or Organization Name <u>REYES</u>
---	--	--

15 Maximum value of account during calendar year reported	16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below
17 Name of Financial Institution in which account is held	

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below	
17 Name of Financial Institution in which account is held			

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
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17 Name of Financial Institution in which account is held			

18 Account number or other designation	19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held		
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below	
17 Name of Financial Institution in which account is held			

Part III Information on Financial Account(s) Owned Jointly				Form TD F 90-22.1	
Complete a Separate Block for Each Account Owned Jointly				Page Number	
This side can be copied as many times as necessary in order to provide information on all accounts.					
1 Filing for calendar year 2010		3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 0937		6 Last Name or Organization Name REYES	
15 Maximum value of account during calendar year reported 2,161,500.			16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
17 Name of Financial Institution in which account is held LLOYDS BANK TSB					
18 Account number or other designation 250		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held ST. PETERSTRASSE 16			
20 City ZURICH		21 State, if known		22 Zip/Postal Code, if known	
23 Country SWITZERLAND					
24 Number of joint owners for this account 1		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.			
26 Last Name or Organization Name of principal joint owner REYES			27 First Name of principal joint owner, if known CATHERINE		28 Middle initial, if known
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known					
30 City, if known		31 State, if known		32 Zip/Postal Code, if known	
33 Country, if known					
15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 Zip/Postal Code, if known	
23 Country					
24 Number of joint owners for this account		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.			
26 Last Name or Organization Name of principal joint owner			27 First Name of principal joint owner, if known		28 Middle initial, if known
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known					
30 City, if known		31 State, if known		32 Zip/Postal Code, if known	
33 Country, if known					
15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 Zip/Postal Code, if known	
23 Country					
24 Number of joint owners for this account		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.			
26 Last Name or Organization Name of principal joint owner			27 First Name of principal joint owner, if known		28 Middle initial, if known
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known					
30 City, if known		31 State, if known		32 Zip/Postal Code, if known	
33 Country, if known					
15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below		
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 Zip/Postal Code, if known	
23 Country					
24 Number of joint owners for this account		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.			
26 Last Name or Organization Name of principal joint owner			27 First Name of principal joint owner, if known		28 Middle initial, if known
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known					
30 City, if known		31 State, if known		32 Zip/Postal Code, if known	
33 Country, if known					

Part IV Information on Financial Account(s) Where Filer has Signature Authority but No Financial Interest in the Account(s)						Form TD F 90-22.1 Page Number <u>4</u> of <u>4</u>	
Complete a Separate Block for Each Account							
This side can be copied as many times as necessary in order to provide information on all accounts.							
1 Filing for calendar year 2010		3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: [REDACTED] 0937		6 Last Name or Organization Name REYES			
15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below				
17 Name of Financial Institution with which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
34 Last Name or Organization Name of Account Owner						35 Taxpayer Identification Number of Account Owner	
36 First Name			37 Middle initial		38 Address (Number, Street, and Apartment or Suite No.)		
39 City		40 State		41 Zip/Postal Code		42 Country	
43 Filer's Title with this Owner							
15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below				
17 Name of Financial Institution with which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
34 Last Name or Organization Name of Account Owner						35 Taxpayer Identification Number of Account Owner	
36 First Name			37 Middle initial		38 Address (Number, Street, and Apartment or Suite No.)		
39 City		40 State		41 Zip/Postal Code		42 Country	
43 Filer's Title with this Owner							
15 Maximum value of account during calendar year reported			16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below				
17 Name of Financial Institution with which account is held							
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held					
20 City		21 State, if known		22 Zip/Postal Code, if known		23 Country	
34 Last Name or Organization Name of Account Owner						35 Taxpayer Identification Number of Account Owner	
36 First Name			37 Middle initial		38 Address (Number, Street, and Apartment or Suite No.)		
39 City		40 State		41 Zip/Postal Code		42 Country	
43 Filer's Title with this Owner							

TD F 90-22.1

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OMB No. 1545-2038

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Year Ended 12/31

2011

Amended ☐

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2 Type of Filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or Other — Enter type

3 U.S. Taxpayer Identification Number

0937

4 Foreign identification (Complete only if item 3 is not applicable)

a Type: ☐ Passport ☐ Other

b Number c Country of Issue

5 Individual's Date of Birth
MM/DD/YYYY

1932

If filer has no U.S. Identification
Number complete item 4.

6 Last Name or Organization Name

REYES

7 First Name

JUAN D.

8 Middle Initial

9 Address (Number, Street, and Apartment or Suite Number)

72 DARTMOUTH STREET

10 City

FOREST HILLS

11 State

NY

12 ZIP/Postal Code

11375

13 Country

USA

14 Does the filer have a financial interest in 25 or more financial accounts?

☐ Yes If 'Yes' enter total number of accounts

(If 'Yes' is checked, do not complete Part II or Part III, but retain records of this information)

☒ No

Part II Information on Financial Account(s) Owned Separately

15 Maximum value of account during calendar year reported

16 Type of account a ☐ Bank b ☐ Securities c ☐ Other — Enter type below

17 Name of Financial Institution in which account is held

18 Account number or other designation

19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held

20 City

21 State, if known

22 Zip/Postal Code, if known

23 Country

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

8-3-17

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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The estimated average burden associated with this collection of information is 75 minutes per respondent or record keeper, depending on individual circumstances. Comments regarding the accuracy of this burden estimate, and suggestions for reducing the burden should be directed to the Internal Revenue Service, Bank Secrecy Act Policy, 5000 Ellin Road C-3-242, Lanham MD 20706.

Part II Continued – Information on Financial Account(s) Owned Separately

Form TD F 90-22.1

Complete a Separate Block for Each Account Owned Separately

Page Number

2 of 3

This side can be copied as many times as necessary in order to provide information on all accounts.

1 Filing for calendar year <u>2011</u>	3-4 Check appropriate identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: <u>0937</u>	5 Last Name or Organization Name REYES	
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below	
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below	
17 Name of Financial Institution in which account is held			
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below	
17 Name of Financial Institution in which account is held			
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18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held	
20 City	21 State, if known	22 Zip/Postal Code, if known	23 Country
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below	
17 Name of Financial Institution in which account is held			

Part III Information on Financial Account(s) Owned Jointly				Form TD F 90-22.1	
Complete a Separate Block for Each Account Owned Jointly				Page Number	
This side can be copied as many times as necessary in order to provide information on all accounts.				3 of 3	
1 Filing for calendar year 2011	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: 0937	6 Last Name or Organization Name REYES			
15 Maximum value of account during calendar year reported 2,113,813		16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held LLOYDS BANK TSB					
18 Account number or other designation 250		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held ST. PETERSTRASSE 16			
20 City ZURICH		21 State, if known		22 Zip/Postal Code, if known	
23 Country SWITZERLAND					
24 Number of joint owners for this account 1		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.			
26 Last Name or Organization Name of principal joint owner REYES			27 First Name of principal joint owner, if known CATHERINE		28 Middle initial, if known
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known					
30 City, if known		31 State, if known		32 Zip/Postal Code, if known	
33 Country, if known					
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
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24 Number of joint owners for this account		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.			
26 Last Name or Organization Name of principal joint owner			27 First Name of principal joint owner, if known		28 Middle initial, if known
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33 Country, if known					
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29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known					

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LB&FIC Team

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OMB No. 1545-2038

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Ended 12/31

2012

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2 Type of Filer

a ☒ Individual b ☐ Partnership c ☐ Corporation d ☐ Consolidated e ☐ Fiduciary or Other — Enter type

3 U.S. Taxpayer Identification Number

[REDACTED] 937

4 Foreign identification (Complete only if item 3 is not applicable)

a Type: ☐ Passport ☐ Other

b Number

c Country of Issue

5 Individual's Date of Birth
MM/DD/YYYY

[REDACTED] 1932

If filer has no U.S. Identification
Number complete item 4.

6 Last Name or Organization Name

REYES

7 First Name

JUAN D.

8 Middle Initial

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FOREST HILLS

11 State

NY

12 ZIP/Postal Code

11375

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USA

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21 State, if known

22 Zip/Postal Code, if known

23 Country

Signature

44 Filer Signature

45 Filer Title, if not reporting a personal account

46 Date (MM/DD/YYYY)

5.3.14

File this form with: U.S. Department of the Treasury, P.O. Box 32621, Detroit, MI 48232-0621

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Part III Information on Financial Account(s) Owned Jointly				Form TD F 90-22.1	
Complete a Separate Block for Each Account Owned Jointly				Page Number	
This side can be copied as many times as necessary in order to provide information on all accounts.				2 of 2	
1 Filing for calendar year 2012	3-4 Check appropriate Identification Number <input checked="" type="checkbox"/> Taxpayer Identification Number <input type="checkbox"/> Foreign Identification Number Enter identification number here: [REDACTED] 0937	6 Last Name or Organization Name REYES			
15 Maximum value of account during calendar year reported 2,086,955		16 Type of account a <input type="checkbox"/> Bank b <input checked="" type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held LLOYDS BANK TSB					
18 Account number or other designation [REDACTED] 250		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held ST. PETERSTRASSE 16			
20 City ZURICH		21 State, if known		22 Zip/Postal Code, if known	
23 Country SWITZERLAND					
24 Number of joint owners for this account 1		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.			
26 Last Name or Organization Name of principal joint owner REYES			27 First Name of principal joint owner, if known CATHERINE		28 Middle initial, if known
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known					
30 City, if known		31 State, if known		32 Zip/Postal Code, if known	
33 Country, if known					
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 Zip/Postal Code, if known	
23 Country					
24 Number of joint owners for this account		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.			
26 Last Name or Organization Name of principal joint owner			27 First Name of principal joint owner, if known		28 Middle initial, if known
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known					
30 City, if known		31 State, if known		32 Zip/Postal Code, if known	
33 Country, if known					
15 Maximum value of account during calendar year reported		16 Type of account a <input type="checkbox"/> Bank b <input type="checkbox"/> Securities c <input type="checkbox"/> Other — Enter type below			
17 Name of Financial Institution in which account is held					
18 Account number or other designation		19 Mailing Address (Number, Street, Suite Number) of financial institution in which account is held			
20 City		21 State, if known		22 Zip/Postal Code, if known	
23 Country					
24 Number of joint owners for this account		25 Taxpayer Identification Number of principal joint owner, if known. See instructions.			
26 Last Name or Organization Name of principal joint owner			27 First Name of principal joint owner, if known		28 Middle initial, if known
29 Address (Number, Street, Suite or Apartment) of principal joint owner, if known					
30 City, if known		31 State, if known		32 Zip/Postal Code, if known	
33 Country, if known					